Moniplete and sen

PART B - FEE(S) TRANSMITTAL



send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

			or <u>Fax</u>	- \" ' /				
INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected I maintenance fee notification	below or directed otherwise	smitting the ISSU Patent, advance ord in Block 1, by (a)	E FEE and PUI ders and notifica) specifying a ne	BLICATION FEE (if rec tion of maintenance fees w correspondence addres	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for		
	E ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of	of mailing can only be used for	or domestic mailings of the		
000832 7590 11/01/2005				Fee(s) Transmittal. I papers. Each additio have its own certification	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.			
BAKER & DAN	IELS LLP		•	C	ertificate of Mailing or Trans	smission		
111 E. WAYNE STREET SUITE 800				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
				addressed to the M	addressed to the Mail Stop ISSUE FEE address above, or being			
FORT WAYNE, II	N 46802							
31/2006 SHASSEN2 00000	026 10713715			Adam F	. Cox, Regis. No. 46,644	(Depositor's name) (Signature)		
					Man glor			
FC:1501 FC:1504	300.00 DP				anuary 27, 2006	(Date)		
APPLICATION NO.	FILING DATE	· 1	FIRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/713,715	11/14/2003	·	Gabriella Cerr	ato Jav	TEC1302	2102		
TITLE OF INVENTION: H	ERMETIC COMPRESSOR	WITH ONE-QUA	RTER WAVEL	ENGTH TUNER				
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400)	\$300	\$1700	02/01/2006		
EXAN	/INER	ART UN	TIT T	CLASS-SUBCLASS	\neg			
FREAY, CHARLES GRANT		3746		417-312000				
1. Change of correspondence	e address or indication of "F	ee Address" (37	2. For printing	g on the patent front page,	list	<u> </u>		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
PTO/SB/47; Rev 03-02	tion (or "Fee Address" Indic or more recent) attached. Us	e of a Customer	2 registered n	atent attorneys or agents.	If no name is 3			
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	or more recent) attached. Us O RESIDENCE DATA TO E	e of a Customer BE PRINTED ON T	2 registered p listed, no nam THE PATENT (p	atent attorneys or agents. te will be printed. rint or type)	If no name is 3			
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	or more recent) attached. Us O RESIDENCE DATA TO E	e of a Customer BE PRINTED ON T	2 registered p listed, no nam THE PATENT (p	atent attorneys or agents. te will be printed. rint or type)	If no name is 3	locument has been filed for		
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	O RESIDENCE DATA TO Es an assignee is identified by 37 CFR 3.11. Completion	BE PRINTED ON Telow, no assignee of this form is NOT	2 registered p listed, no name THE PATENT (p data will appear T a substitute for	atent attorneys or agents. te will be printed. rint or type)	If no name is 3	locument has been filed fo		
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	O RESIDENCE DATA TO Es an assignee is identified by 37 CFR 3.11. Completion	BE PRINTED ON Telow, no assignee of this form is NOT	2 registered p listed, no name THE PATENT (p data will appear T a substitute for	atent attorneys or agents. te will be printed. rint or type) on the patent. If an assifiling an assignment.	gnee is identified below, the d	locument has been filed fo		
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	O RESIDENCE DATA TO Es an assignee is identified be a 37 CFR 3.11. Completion	BE PRINTED ON Telow, no assignee of this form is NOT	2 registered p listed, no nam THE PATENT (p data will appear T a substitute for t) RESIDENCE:	atent attorneys or agents. he will be printed. rint or type) on the patent. If an assifiling an assignment. (CITY and STATE OR Control of the patents of t	gnee is identified below, the d			
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth ir (A) NAME OF ASSIGN Te	O RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion EE cumseh Products Comp e assignee category or category	BE PRINTED ON Telow, no assignee of this form is NOT (Bany	2 registered p listed, no nam: THE PATENT (p data will appear T a substitute for the pater). PERSIDENCE: inted on the pater.	rint or type) on the patent. If an assifiling an assignment. (CITY and STATE OR Control of the patent of the pate	gnee is identified below, the doorward of the			
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth ir (A) NAME OF ASSIGN Te	O RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion EE cumseh Products Comp e assignee category or category	BE PRINTED ON Telow, no assignee of this form is NOT (Bany	2 registered p listed, no nam: THE PATENT (p data will appear T a substitute for the pater). PERSIDENCE: inted on the pater.	rint or type) on the patent. If an assifiling an assignment. (CITY and STATE OR Control of the patent of the pate	gnee is identified below, the doorward of the			
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Te Please check the appropriate 4a. The following fee(s) are a lissue Fee	O RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion EE cumseh Products Comp e assignee category or categor enclosed:	BE PRINTED ON Telow, no assignee of this form is NOT (Bany ories (will not be pri 4b	2 registered p listed, no name of the PATENT (p data will appear T a substitute for the pater of the pater of the pater of the pater of Payment of Fee Payment by	rint or type) on the patent. If an assifiling an assignment. (CITY and STATE OR Control of the patent of the patent of the patent of the patent of the fee(s) is credit card. Form PTO-20	gnee is identified below, the d OUNTRY) Michigan Corporation or other private gr enclosed. 38 is attached.	oup entity Government		
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Te Please check the appropriate 4a. The following fee(s) are a lissue Fee	O RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion EE cumseh Products Comp e assignee category or categor enclosed:	BE PRINTED ON Telow, no assignee of this form is NOT (Bany ories (will not be pri 4b	2 registered p listed, no name of the PATENT (p data will appear T a substitute for the pater of the pater of the pater of the pater of Payment of Fee Payment by	rint or type) on the patent. If an assifiling an assignment. (CITY and STATE OR Control of the patent of the patent of the patent of the patent of the fee(s) is credit card. Form PTO-20	gnee is identified below, the d OUNTRY) Michigan Corporation or other private gr enclosed. 38 is attached.	oup entity Governmen		
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Te Please check the appropriate 4a. The following fee(s) are LISSUE Fee Publication Fee (No s Advance Order - # or	O RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion EE cumseh Products Comp e assignee category or categor enclosed: small entity discount permitt f Copies (from status indicated above	e of a Customer BE PRINTED ON T elow, no assignee of this form is NOT (B any pries (will not be pri 4b ed)	2 registered p listed, no nam THE PATENT (p data will appear T a substitute for the pater). Payment of Fee A check in the Payment by The Directo Deposit Account	rint or type) on the patent. If an assifiling an assignment. (CITY and STATE OR Company of the patent of the patent of the patent of the patent of the fee(s) is credit card. Form PTO-20 or is hereby authorized by it Number02-0385	gnee is identified below, the documentary) Aichigan Corporation or other private grenclosed. 38 is attached. charge the required fee(s), or (enclose an extra contraction)	oup entity Government credit any overpayment, to copy of this form).		
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Te Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No sand Advance Order - # or or order - # or	O RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion EE cumseh Products Comp e assignee category or categor enclosed: small entity discount permitt f Copies (from status indicated above MALL ENTITY status. See	se of a Customer BE PRINTED ON T elow, no assignee of this form is NOT (B any ories (will not be pri 4b ed) 37 CFR 1.27.	2 registered p listed, no nam THE PATENT (p data will appear T a substitute for the pater). Payment of Fee A check in the Payment by The Directo Deposit Account	rint or type) on the patent. If an assifiling an assignment. (CITY and STATE OR Company of the patent of the patent of the patent of the patent of the fee(s) is credit card. Form PTO-20 or is hereby authorized by it Number 02-0385	gnee is identified below, the documentary) Aichigan Corporation or other private grenclosed. 38 is attached. charge the required fee(s), or (enclose an extra control of the control o	credit any overpayment, to copy of this form).		
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Te Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No sand Advance Order - # or or order - # or	O RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion EE cumseh Products Comp e assignee category or categor enclosed: small entity discount permitt f Copies (from status indicated above MALL ENTITY status. See	se of a Customer BE PRINTED ON T elow, no assignee of this form is NOT (B any ories (will not be pri 4b ed) 37 CFR 1.27.	2 registered p listed, no nam THE PATENT (p data will appear T a substitute for the pater). Payment of Fee A check in the Payment by The Directo Deposit Account	rint or type) on the patent. If an assifiling an assignment. (CITY and STATE OR Company of the patent of the patent of the patent of the patent of the fee(s) is credit card. Form PTO-20 or is hereby authorized by it Number 02-0385	gnee is identified below, the documentary) Aichigan Corporation or other private grenclosed. 38 is attached. charge the required fee(s), or (enclose an extra contraction)	credit any overpayment, to copy of this form).		
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Te Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No sand Advance Order - # or or order - # or	O RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion EE cumseh Products Comp e assignee category or categor enclosed: small entity discount permitt f Copies (from status indicated above MALL ENTITY status. See	se of a Customer BE PRINTED ON T elow, no assignee of this form is NOT (B any ories (will not be pri 4b ed) 37 CFR 1.27.	2 registered p listed, no nam THE PATENT (p data will appear T a substitute for the pater). Payment of Fee A check in the Payment by The Directo Deposit Account	rint or type) on the patent. If an assifiling an assignment. (CITY and STATE OR Company of the patent of the patent of the patent of the patent of the fee(s) is credit card. Form PTO-20 or is hereby authorized by it Number 02-0385	gnee is identified below, the documentary) Aichigan Corporation or other private grenclosed. 38 is attached. charge the required fee(s), or (enclose an extra control of the control o	credit any overpayment, to copy of this form). FFR 1.27(g)(2). ation identified above. the assignee or other party in		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)					Docket No.		
(37 C.F.R. 1.311)					C-553 / TEC1302		
Applicant(s): Gabri	ella Cerrato-Jay et al						
····				<u> </u>			
Application No.	Filing Date 11/14/2003	Examiner Charles Grant I	Freav	Customer No. 000832	Group Art Unit 3746	Confirmation No 2102	
10/713,715	L						
In Pertion HERI	METIC COMPRESS	OR WITH ONE-QUA	ARTER W	AVELENGTH	TUNER		
22000							
₩ 9005 O 8 MAL							
TRADEMARK OF		Mail Stop I COMMISSIONER	FOR PAT	ENTS			
HAUL		<u>P.O. Box</u> Alexandria, VA		450			
Transmitted herewit	th are the following fo	or the above-identified	_				
	nsmittal Form PTOL		и аррпоат	511.			
☑ Utility Fee:	\$ 1400.00	☐ Design Fee:			Plant Fee:		
☑ Publication Fe				 			
□ A check in the		700.00 is attache	ed.	•			
	s hereby authorized t	to charge and credit [Deposit Ac	count No.	02-0385	5	
as described b							
-	arge the amount of				•	· .	
	dit any overpayment arge any additional fe				÷		
	redit card. Form PTC	•					
WARNING: Ir	formation on this f	orm may become p	ublic. Cre	dit card inform	nation should n	ot be	
included on t	his form. Provide o	redit card informati	on and au	ithorization or	PTO-2038.	· .	
M	1. h		5				
	Signature		Dated:	January 27, 2	2006		
Adam F. Cox, Re BAKER & DAN	•						
111 East Wayne							
Fort Wayne, IN	46802						
TX: (260) 424-80	000						
FAX: (260) 460-							
oc:							
	icate of Transmission by						
This ce	ertificate may only be us by deposit account			Certificate of M	lailing by First Cla	ss Mail	
	document and authoriza				s correspondence is		
and Trademark O	g facsimile transmitted office (Fax No.	to the United States			stal Service with suf lope addressed to "		
on			Patents,	P.O. Box 1450, Al	lexandria, VA 22313		
(Data)			1.8(a)] o Ja	n nuary 27, 2006			
(Date)				(Date)			
				M	I II		
	Signature			Signature of Pers	on Mailing Correspo	ndence	
				A	dam F. Cox		
Typed or Prin	ted Name of Person Signin	g Certificate	Тура	ed or Printed Name	of Person Mailing Co	orrespondence	